

Fremont County Department of Human Services
Kinship/Foster/Adoptive Program

INJURY, ACCIDENT, ILLNESS OR FATALITY REPORT

To be filled out by a foster home parent in case of an accident or injury occurring to a foster child resulting in medical treatment, hospitalization or death. Submit this form to the certifying agency immediately following the occurrence.

Date of incident _____ Time of incident _____

Name of foster parent reporting _____

Address _____

Home number _____ Work number _____

Cell number or pager number _____

Name of Child _____ DOB _____

Name of Caseworker _____

Witness to incident _____

Address _____

Phone number or some way to be reached _____

Please explain the type and the circumstances of the child's accident, injury or altercation.

(Use the back of this sheet if necessary)

Be specific as to the location of the incident. Please list the time that the incident took place.

What physical injuries resulted from the incident described above?

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Describe any action taken or treatment received by the child of the incident.

What person or medical facility gave treatment to the child?

Attending Physician's name (if any)

Was the child taken to the hospital or medical facility? **YES** **NO**

PLEASE ATTACH A COPY OF THE DOCTORS REPORT TO THIS DOCUMENT

Name, address and phone number of the hospital or medical facility.

How was the child transported to the medical facility?

If professional medical treatment was needed, what lead you to the determination that professional attention was needed?

If medical care from a medical professional was not needed, what lead you to that determination?

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Did you notify the caseworker of the injury or altercation within twenty-four hours?
(**MINOR INJURY OR ALTERCATION**) **YES** **NO**

Name of Caseworker reported to _____

Did you notify the caseworker or on call worker of the injury or altercation immediately or within the hour of the incident? (**MAJOR INJURY OR ALTERCATION**)
YES **NO**

Name of Caseworker reported to _____

Signature of foster home parent making out this report

Date of incident report

Signature of the caseworker that received this report

Date that caseworker received this report